MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10147

CERTIFICATE OF DEATH

Reg. Dist. No. 195

1. PLACE OF DEATH:
COUNTY Howard MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Laurel X
LENGTH OF STAY (in this place) 12 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS All Saints Road X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Howard
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Laurel X
STREET ADDRESS (If rural give location) All Saints Road

3. NAME OF DECEASED: (Type or Print) (First) Lonnia (Middle) (Last) Bettis

4. DATE OF DEATH: (Month) Oct (Day) 31 (Year) 1953

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: August 25 1886
9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer
10b. KIND OF BUSINESS OR INDUSTRY: poultry farm
11. BIRTHPLACE (State or foreign country): Fauquier Co. Virginia 43
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Hamilton Bettis
14. MOTHER'S MAIDEN NAME: Mary Alexander

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs Susie Hillyard Bettis - Laurel Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 241X
(a) Coronary occlusion — Interval Between Onset And Death: 1 da

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Hypertension Heart disease — 12 mo
DUE TO (c) asthma

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7, 1952 to 10/31, 1953, that I last saw the deceased alive on 10/31, 1953, and that death occurred at 11.40 p, from the causes and on the date stated above.
SIGNATURE N B Fennard (Degree or title) ADDRESS 314 Corrington Ave Laurel DATE SIGNED 11/1/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Nov 4, 1953
NAME OF CEMETERY OR CREMATORY Mount Hebron Cem.
LOCATION (City, town, or county) (State) Winchester, Virginia
DATE REC'D BY LOCAL REGISTRAR Nov 3 - 1953
REGISTRAR'S SIGNATURE Frank Shipley
24. FUNERAL DIRECTOR De Witt Donaldson ADDRESS Laurel, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

1

RECEIVED
NOV 10 1953
BUREAU V. S.

10148

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 190

1. PLACE OF DEATH · COUNTY: ~~Baltimore~~ Howard MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Md. COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ellicot City X — LENGTH OF STAY (in this place): 2 Yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville 03520
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Shaffer Conv. Retreat 60	STREET ADDRESS (If rural, give location): 635 North Bend Road

3. NAME OF DECEASED (Type or Print) (First) Carl (Middle) (Last) Boesing			4. DATE OF DEATH (Month) 10 (Day) 5 (Year) 53 19		
5. SEX: M	6. COLOR OR RACE: W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH: 1/18/68	9. AGE last birthday: 85 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Labor Retired	10b. KIND OF BUSINESS OR INDUSTRY: Private Famly	11. BIRTHPLACE (State or foreign country): Germany .56	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: Carl Boesing		14. MOTHER'S MAIDEN NAME: Marie Eisinger			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO.: NO	17. INFORMANT: Baltimore Co. Welfar - Miss Malon			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of Oesophagus — 2 yrs

150X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1952, to Oct. 5, 1953, that I last saw the deceased alive on 10-5, 1953, and that death occurred at 11:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] ADDRESS Ellicott City Md. DATE SIGNED 5/4/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE THEREOF: 10/7/53	NAME OF CEMETERY OR CREMATORY: St. Peters	LOCATION (City, town, or county) (State): Baltimore Md.
DATE REC'D BY LOCAL REG.: 10-/6/53	REGISTRAR'S SIGNATURE: A.W.Hedrich	24. FUNERAL DIRECTOR: John T. Stansbury	ADDRESS: 2700 Edmondson Ave.

dmr.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1037 m Calvert.

[illegible]

Kochman

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10149

CERTIFICATE OF DEATH

Reg. Dist. No. 19.1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City X
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 New Cut Road X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City X
STREET ADDRESS (If rural give location) 81 New Cut Road

3. NAME OF DECEASED: (Type or Print) (First) HESTER (Middle) JANE (Last) DENT

4. DATE OF DEATH: (Month) October (Day) 26 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: December 25, 1880

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Johnson

14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ———

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. Lena Dyansville 52 E. 107 St. Q. Y. City.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4221 Immediate cause (a) Arteriosclerotic Cardio Vascular Disease. DUE TO — Interval Between Onset And Death: 1 year

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: 0 none

19b. MAJOR FINDINGS OF OPERATION none

20. AUTOPSY? Yes ☐ No X

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-18, 1953, to 10, 26, 1953, that I last saw the deceased alive on 10, 25, 1953, and that death occurred at 10 P.M., from the causes and on the date stated above.

SIGNATURE George E. Burtop (Degree or title) M.D ADDRESS Ellicott City, Md. DATE SIGNED 10-27-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 10/30/53. NAME OF CEMETERY OR CREMATORY Western Star Cemetery LOCATION (City, town, or county) (State) Catonsville 28, Md.

DATE REC'D BY LOCAL REGISTRAR Oct. 27, 1953 REGISTRAR'S SIGNATURE John D. Loughran. Pro. B. E. L.

24. FUNERAL DIRECTOR Easton Sons, ADDRESS Ellicott City, Md.

RECEIVED
OCT 29 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10150

CERTIFICATE OF DEATH

Reg. Dist. No. 191

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Shaffers Nursing Home 60

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ilchester X
STREET ADDRESS (If rural give location) College Ave.

3. NAME OF DECEASED: (Type or Print) (First) BERTHA (Middle) SPEROW (Last) ELLIOTT

4. DATE OF DEATH: (Month) (Day) (Year) October 27, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 10-28-1878

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Okonoko, West Virginia 45

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Levi Sperow

14. MOTHER'S MAIDEN NAME: Etta Hann

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Marshall D. Elliott, Ilchester, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) 422.1 Arteriosclerotic Cardio-Vascular Disease — 3 years

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchopneumonia — 2 Days.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION None

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-7, 1950, to 10-27, 1953, that I last saw the deceased alive on 10-27, 1953, and that death occurred at 10 30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) George E. Bengtson M.D. — ADDRESS Ellicott City, Md. — DATE SIGNED 10-28-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 10-30-53 — NAME OF CEMETERY OR CREMATORY St. Johns Cemetery — LOCATION (City, town, or county) (State) Ellicott City, Md.

DATE REC'D BY LOCAL REGISTRAR Oct. 30, 1953 — REGISTRAR'S SIGNATURE John B. Loughran. — 24. FUNERAL DIRECTOR F.C. Higinbothom, Ellicott City, Md — ADDRESS

X Pvt. B.E.L.

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NOV 4 1953
BUREAU V. S.

10151

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH:
COUNTY HOWARD MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ELLICOTT CITY X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS SHAFFER NURSING HOME 60

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE 0001.4
STREET ADDRESS (If rural, give location) 3825 KESWICK RD. ✓

3. NAME OF DECEASED: (Type or Print) (First) ISABELLE (Middle) — (Last) McCOSH

4. DATE OF DEATH: (Month) 10 (Day) 6 (Year) 1953

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOW
8. DATE OF BIRTH: SEPT. 20, 1865
9. AGE last birthday: 88 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEKEEPER
10b. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (State or foreign country): MD.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: JOHN SCHERER
14. MOTHER'S MAIDEN NAME: MARY M. MILLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Mrs. Harold Vick - 17 Osborne Ave. Catons

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 422.1

Immediate cause (a) Generalized arteriosclerotic vascular
DUE TO
Antecedent cause(s) (b) disease
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH: 1 yr

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 15, 1953, to Oct. 6, 1953, that I last saw the deceased alive on Oct 5, 1953, and that death occurred at 7 A m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Jim A Kochman, Mrs ADDRESS Ellicott City Md DATE SIGNED 10/7/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 10-8-53
NAME OF CEMETERY OR CREMATORY Loudon Park
LOCATION (City, town, or county) Balto. (State) Md.

DATE REC'D BY LOCAL REG. Oct. 10-53
REGISTRAR'S SIGNATURE John B. Loughran Per. B. E. L.
24. FUNERAL DIRECTOR George D. Farley Catonsville ADDRESS Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 8-51

1

RECEIVED
OCT 16 1953
BUREAU V. S.

152

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 195

1. PLACE OF DEATH:
COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Savage X
LENGTH OF STAY (in this place) 33 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Savage X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Lucy (Middle) Neale (Last) Oliver

4. DATE OF DEATH: (Month) October (Day) 27 (Year) 1953

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: August 12 1873
9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired). Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Hardesty Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Thompson
14. MOTHER'S MAIDEN NAME: Elizabeth Kerrick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mrs Ruth Duvall, Savage, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

33/X

Immediate cause (a) Cerebral Haemorrhage — Interval Between Onset And Death 5 days

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Chr. Genl Hypertension — 3 yrs.

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 1, 1950, to Oct. 27, 1953, that I last saw the deceased alive on 10/27/53, and that death occurred at 1 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Frank Shipley, M.D. ADDRESS Savage, Md. DATE SIGNED 10/28/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Oct 30 1953
NAME OF CEMETERY OR CREMATORY Savage Cemetery
LOCATION (City, town, or county) (State) Savage, Maryland
DATE REC'D BY LOCAL REGISTRAR 11/4/53
REGISTRAR'S SIGNATURE Frank Shipley mmt
24. FUNERAL DIRECTOR De Witt Donaldson, Laurel, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

RECEIVED
NOV
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A 7

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 194

1. PLACE OF DEATH — COUNTY: Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hutton - Rural
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hutton Rural
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Willie (Middle) Lewis (Last) Payne
4. DATE OF DEATH: (Month) Oct (Day) 10 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept 11 1884
9. AGE last birthday: 67 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer
10b. KIND OF BUSINESS OR INDUSTRY: own farm
11. BIRTHPLACE (State or foreign country): Flint Hall, Virginia
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Albin Payne
14. MOTHER'S MAIDEN NAME: Frances Hackley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Eugene Payne

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral arteriosclerosis — 5 yrs.

334X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/16, 1943, to 10/10, 1953, that I last saw the deceased alive on 10/10, 1953, and that death occurred at 1:30 P m., from the causes and on the date stated above.

SIGNATURE: Robert S McCamey (Degree or title) MD — ADDRESS: 402 Main St Laurel Md — DATE SIGNED: 10/12/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 10/13/53 — NAME OF CEMETERY OR CREMATORY: Fort Lincoln Cemetery — LOCATION (City, town, or county) (State): Washington DC

DATE REC'D BY LOCAL REG.: OCT 13 - 1953 — REGISTRAR'S SIGNATURE: Marie A. Whitaker — 24. FUNERAL DIRECTOR: De Witt Donaldson, Laurel, Md. — ADDRESS:

21

RECEIVED
OCT
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]54

CERTIFICATE OF DEATH

Reg. Dist. No. 12

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

1. PLACE OF DEATH:

COUNTY: Howard — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenelg

LENGTH OF STAY (in this place): 4½ yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenelg

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY: Howard

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Glenelg

STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (Type or Print) (First) BRADLEY (Middle) R (Last) PENN

4. DATE OF DEATH: (Month) (Day) (Year) 10-22-53 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 4-6-1887

9. AGE last birthday: 66 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Farm Owner

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Howard Penn

14. MOTHER'S MAIDEN NAME: Rachel Welsh

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. Penn, Glenelg, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) [illegible] DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) [illegible] DUE TO

(c)

Interval Between Onset And Death: 2 mos. / 2 yrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 19[illegible], to Oct. 22, 1953, that I last saw the deceased alive on Oct. 21, 1953, and that death occurred at 7:50 P.M., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title)

ADDRESS Reisterstown Md.

DATE SIGNED 10-24-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 10-24-53

NAME OF CEMETERY OR CREMATORY: Morgan Chapel

LOCATION (City, town, or county) (State): Carrol County, Md.

DATE REC'D BY LOCAL REGISTRAR: 10-25-53

REGISTRAR'S SIGNATURE: Alice M. Hebb

NAME OF FUNERAL DIRECTOR: C.M. Waltz, Winfield, Md.

ADDRESS

RECEIVED
OCT 3 1953
BUREAU V. S.

Film#G159 Item No. 7 10/29/53 erp

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 195

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jessups, Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS One Spot

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jessups, Rural
STREET ADDRESS (If rural, give location) One Spot

3. NAME OF DECEASED (Type or Print) (First) HENRIETTA (Middle) M. (Last) PEIRSON

4. DATE OF DEATH (Month) October (Day) 15 (Year) 1953

5. SEX Female

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH 12-3-1907

9. AGE last birthday 45 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Penna

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME James Ragler

14. MOTHER'S MAIDEN NAME Hannah Hodge

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No. None

17. INFORMANT AND ADDRESS James Ragler, Elkridge, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

32 - 0 Immediate cause (a) Acute alcoholism

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy X, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE William Howard (Degree or title) MD ADDRESS 700 Fleet St., Baltimore, Md. DATE SIGNED 10/16/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 10-18-53

NAME OF CEMETERY OR CREMATORY St. Stephens

LOCATION (City, town, or county) (State) Elkridge, Md.

DATE REC'D BY LOCAL REG. 10-17-53

REGISTRAR'S SIGNATURE Frank Shipley

24. FUNERAL DIRECTOR F.C. Higinbothom, Ellicott City, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415A

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No.. .....

1. NAME OF DECEASED (Type or Print): Shelton Sawyer Sr.

2. DATE OF DEATH: October 1, 1953

3. PLACE OF DEATH: A. ~~Baltimore City~~, Maryland Ellicott City

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Shaffers Convalescent Retreat

c. Length of stay in Baltimore: 53 Years (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Balt.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Halethorpe 0357
D. STREET ADDRESS (If rural, give location): Linden Ave.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
M	W	Widower	June 22, 1871	82	3	9		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tailor

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): South Carolina 37

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Wilkes Sawyer

14. MOTHER'S MAIDEN NAME: Elizabeth Bamberg

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.: 217-12-5875

17. INFORMANT: Mr Shelton G. Sawyer Jr. ADDRESS: ~~6200 Marglenn Ave.~~ (6)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pneumonia 1 mo. Th. wk.

DUE TO

(B) Intest. [illegible] 1 y

DUE TO

(C) .....

143X ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-15, 1953 *to* 9-30, 1953, *that I last saw the deceased alive on* 9-30, 1953, *and that death occurred at* 1145 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE: [illegible] M. D.

23B. ADDRESS: 1037 N. Calvert St - Baltimore

23C. DATE SIGNED: 10-1-53

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	Oct. 3, 1953	Western Cemetery	Baltimore Maryland

DATE RECEIVED BY LOCAL REGISTRAR: 10/2/53

REGISTRAR'S SIGNATURE: I W Hedrick

25. FUNERAL DIRECTOR ADDRESS: Henry Sander & Sons Inc. ~~Baltimore Maryland~~

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH INDELIBLE INK. Every item of information should be carefully supplied. The correct age is especially important. Instructions: please write the causes of death clearly and legibly.

VS. [illegible]

MARYLAND STATE DEPARTMENT OF HEALTH

10157

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 190

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A[illegible]

1. PLACE OF DEATH: COUNTY Howard; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City; LENGTH OF STAY (in this place) 2 1/2 mo; HOSPITAL OR INSTITUTION OR STREET ADDRESS Lawyers Hill

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Howard; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkridge Md; STREET ADDRESS (If rural, give location) Lawyers Hill

3. NAME OF DECEASED (Type or Print): (First) Hubert (Middle) Fuge (Last) Warner

4. DATE OF DEATH: (Month) Oct (Day) 21 (Year) 1933

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov 26 1870

9. AGE last birthday: 82 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Contracting Engineer

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Pa

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Warner

14. MOTHER'S MAIDEN NAME: Sarah Susannah Trigg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no; (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Harriette E. Warner (wife) Ellicott City Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Acute Coronary occlusion — Interval Between Onset and Death: one day

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Chronic myocarditis — 10 yrs.

(c) General Arteriosclerosis — 10 yrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify); PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.); (CITY OR TOWN); (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1933, to Oct 21, 1933, that I last saw the deceased alive on Oct 20, 1933, and that death occurred at 12 35 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Dr W B Brumbaugh 5609 main St Elkridge Md 10/21/33

23. BURIAL, CREMATION REMOVAL (Specify): Burial; DATE THEREOF: Oct 24, 1933; NAME OF CEMETERY OR CREMATORY: Media Cemetery; LOCATION (City, town, or county) (State): Media, Pa.

DATE REC'D BY LOCAL REG.: October 22, 1933; REGISTRAR'S SIGNATURE: (Miss) E Bird Dillon

24. FUNERAL DIRECTOR: Henry W. Jenkins & Sons Co.; ADDRESS: 4905 York Balto. Md Rd.

RECEIVED
OCT 26 1953
BUREAU V. S.

Film#G-159 Item No.8 10/26/53 emp

10158

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 190

1. PLACE OF DEATH:
COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City X
LENGTH OF STAY (in this place) 2½mos-
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pinel Clinic 1M

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 16 00 01.4
STREET ADDRESS (If rural give location) 2300 Chelsea Terrace

3. NAME OF DECEASED: (Type or Print) (First) Jesse (Middle) Herbert (Last) Whitehurst

4. DATE OF DEATH: (Month) Oct (Day) 15 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Dec. ~~Feb~~ 29, 1874
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Physician
10b. KIND OF BUSINESS OR INDUSTRY: Mfg. drugs
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Jesse H. Whitehurst
14. MOTHER'S MAIDEN NAME: Lavenia McIlvain

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mrs. Raymond B. Krieger 1723 E 35th. St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

304X

Immediate cause (a) Senility — Interval Between Onset And Death: 1 year

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile Psychosis — 1 year

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 3, 1953, to Oct 15, 1953, that I last saw the deceased alive on Oct 15, 1953, and that death occurred at 11:45A.M. from the causes and on the date stated above.

SIGNATURE Irving J. Taylor M.D. (Degree or title) ADDRESS Pinel Clinic, Ellicott City, Md. DATE SIGNED Oct 15, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Oct. 17, 1953
NAME OF CEMETERY OR CREMATORY Loudon Park
LOCATION (City, town, or county) Baltimore, (State) Md.

DATE REC'D BY LOCAL REGISTRAR 10/15/53
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR John O. Mitchell & Sons Inc. ADDRESS 1900 Eutaw Place

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1